## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2004 8:00 am Secretary of State 02-09-2004 90031 018 \*\*\*150.00 **DOCUMENT # J34789** P&W OF BREVARD, INC. Mailing Address Principal Place of Business **801 NORTH ATLANTIC AVENUE 801 NORTH ATLANTIC AVENUE** 44008633 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Susiness 9. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State 59-2787727 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLLETT: CAROLINE -Street Address (P.O. Box Number is Not Acceptable) 660 SOUTH BREVARD AVE # 1513 COCOA BEACH, FL 32931 City Zip Çode 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE CNCTE: Registered Agent sign 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fe After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change TITLE ☐ Delete TILE NAME COLLETT, CAROLINE NAME STREET ADDRESS STREET ADDRESS 660 S. BREVARD AVE #1513 CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TISLE COLLETT, MARY JANE NAME NAME STREET ADDRESS 2365 JASON ST STREET ADDRESS CITY-ST-7/2 CITY-ST-ZIP MIAMI, FL Maddition ☐ Delete ☐ Change NAME .... COLLETT, ELIZABETH 660 S. BREVARD AVE # 1513 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City ST-712 COCOA BEACH, FL 32931 ☐ Change ☐ Addition iii Delet TITLE MAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TUDE NUME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Rorida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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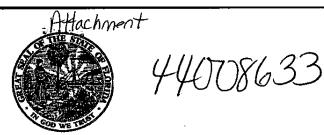
CAROLINE COLLECT

☐ Delete

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FILED



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

January 27, 2004

P&W OF BREVARD, INC. 801 NORTH ATLANTIC AVENUE COCOA BEACH, FL 32931

Subject: P&W OF BREVARD, INC.

Reference: Number: (

**J34789** 

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RW ANNUAL REPORTS SECTION